

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566,188

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1		
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		0		1		
7		0		1		
8		0		1		
9	1		1			
10	1		1			
11	2		1			
12	2		1			
13	0		1			
14	1		1			
15	1		1			
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TOTAL IND.	3		3			
TOTAL DEP.	17	←	12	←		
TOTAL CLAIMS	20		15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←			←	
TOTAL CLAIMS						